

County: Oneida
HORIZONS UNLIMITED

Facility ID: 4670

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PO BOX 857

RHINELANDER 54501 Phone: (715) 365-6704

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 125

Total Licensed Bed Capacity (12/31/00): 125

Number of Residents on 12/31/00: 125

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

FDDs

No

No

126

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	0.8
Supp. Home Care-Personal Care	No					1 - 4 Years	2.4
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	78.4	More Than 4 Years	96.8
Day Services	Yes	Mental Illness (Org./Psy)	0.0	65 - 74	18.4		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	3.2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	0.0	65 & Over	21.6		
Transportation	No	Cerebrovascular	0.0			RNs	8.1
Referral Service	Yes	Diabetes	0.0	Sex	%	LPNs	2.2
Other Services	No	Respiratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	0.0	Male	46.4	Aides & Orderlies	
Mentally Ill	No			Female	53.6		63.8
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents
Level of Care	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	Total No.	
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	125	100.0	\$192.15	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	125	100.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		125	100.0		0	0.0		0	0.0		0	0.0		125	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	2.4	46.4	51.2	125
Private Home/With Home Health	0.0	Dressing	20.0	34.4	45.6	125
Other Nursing Homes	0.0	Transferring	46.4	27.2	26.4	125
Acute Care Hospitals	33.3	Toilet Use	22.4	38.4	39.2	125
Psych. Hosp. -MR/DD Facilities	0.0	Eating	22.4	44.0	33.6	125
Rehabilitation Hospitals	0.0	*****				
Other Locations	66.7	Continence		%	Special Treatments	%
Total Number of Admissions	3	Indwelling Or External Catheter		0.8	Receiving Respiratory Care	0.8
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		77.6	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel		62.4	Receiving Suctioning	0.0
Private Home/With Home Health	0.0	Mobility			Receiving Ostomy Care	2.4
Other Nursing Homes	0.0	Physically Restrained		0.0	Receiving Tube Feeding	12.8
Acute Care Hospitals	11.1	Skin Care			Receiving Mechanically Altered Diets	72.8
Psych. Hosp. -MR/DD Facilities	44.4	With Pressure Sores		1.6	Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Rashes		0.0	Have Advance Directives	55.2
Other Locations	22.2				Medications	
Deaths	22.2				Receiving Psychoactive Drugs	31.2
Total Number of Discharges (Including Deaths)	9				*****	

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	FDD Facilities Ratio	All Facilities %	All Facilities Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.8	85.5	1.18	84.5	1.19
Current Residents from In-County	5.6	42.1	0.13	77.5	0.07
Admissions from In-County, Still Residing	0.0	19.5	0.00	21.5	0.00
Admissions/Average Daily Census	2.4	16.4	0.15	124.3	0.02
Discharges/Average Daily Census	7.1	19.2	0.37	126.1	0.06
Discharges To Private Residence/Average Daily Census	0.0	9.2	0.00	49.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	83.3	0.00
Residents Aged 65 and Older	21.6	16.2	1.33	87.7	0.25
Title 19 (Medicaid) Funded Residents	100.0	99.5	1.01	69.0	1.45
Private Pay Funded Residents	0.0	0.5	0.00	22.6	0.00
Developmentally Disabled Residents	100.0	99.3	1.01	7.6	13.09
Mentally Ill Residents	0.0	0.5	0.00	33.3	0.00
General Medical Service Residents	0.0	0.2	0.00	18.4	0.00
Impaired ADL (Mean)*	58.4	50.8	1.15	49.4	1.18
Psychological Problems	31.2	45.9	0.68	50.1	0.62
Nursing Care Required (Mean)*	11.3	11.0	1.03	7.2	1.58